

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10/049 291

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		2	1			
4	1		1			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
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50						
TOTAL IND.	1		1			
TOTAL DEP.	9	←	8	←		←
TOTAL CLAIMS	10		9			

*	*	*	*
IND.	DEP.	IND.	DEP.
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99			
100			
TOTAL IND.		↓	
TOTAL DEP.		↓	
TOTAL CLAIMS		↓	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS